

Telecare provides essential healthcare.

Essential Workforce Goes to Work During Shelter in Place

Many counties have instituted Shelter in place. We can anticipate that all counties will eventually go to shelter in place. Essential workforce (healthcare – Telecare) are still expected to go to work. One way to fight anxiety and fear is to maintain regular routines as much as possible.

Program and shift modifications during the COVID19 pandemic. [Modifications are temporary.](#)

1. During Morning Meetings

- You may make use of Skype to hold morning meetings. Ensure that someone is taking notes and recording who is present and any clinical decisions made.
- Our members are also experiencing stress and anxiety on top of their other concerns. Our “top priority is to support the health and well-being of our most vulnerable clients” (Jonathan Sherer, MD PH.D., Director, Los Angeles Department of Mental Health). At Telecare, we will support the Telecare community through this pandemic with the best mental and physical health service and care possible.
- Who needs to be seen in person today and who can be contacted by Facetime or phone call?
 - *Strike a balance* for whether clients receive in-person or telephonic/telehealth services. Our clients will *still* require in-person services for therapeutic personal engagement (crisis prevention).
 - Ensure services for individuals with preexisting diagnosis that make them high-risk for COVID19.
 - Some counties *require face-to-face assessments*. Other face-to-face services include, but are not limited to, crisis intervention, labs, injections, checking vital signs if ordered by prescriber, AIMS, and transporting (see Transporting Clients below) clients from jail, long-term care, SNF or other environment to their new living environment.

2. During Afternoon Check-in – Daily Summaries of Services

- Report member’s name, minutes served, documentation is complete, and code used
- Still following routine, providing services and documenting

3. Telephone and telehealth services:

California:

- Department of Health Care Services in CA have made allowances for telephone and telehealth services
<file:///C:/Users/dlsmith/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/O1XWJDU2/Information%20Notice%2020-009%20Guidance%20on%20COVID-19%20for%20Behavioral%20Health.pdf>
- Any service that can be provided by telephone or telehealth is reimbursable in all counties (examples include mental health services, crisis intervention services, targeted case management, therapeutic behavioral services, intensive care coordination, intensive home-based services, [and] medication support services.
- Licensed providers and non-licensed staff may provide services via telephone and telehealth, as long as the service is within their scope of practice.

Washington:

- Some services can happen over the phone using a HIPAA-compliant phone or teleconference applications. These services are not technically considered “telemedicine” but rather phone delivery of a service in compliance with HIPAA.
- Services that fall into this category include: H2015 Comprehensive Community Support Services, H0046 Mental Health Services NOS, H0038 Self-Help/Peer Services, H2011 Crisis Intervention Service
- Per SERI instructions the GT modifier should be used to indicate telehealth.

Oregon:

- “The Health Evidence Review Commission (HERC) has updated guidelines for coverage of telehealth services. These updates support appropriate response to an outbreak or epidemic of an infectious disease through increased access to appropriate health care resources. This temporary rule amendment authorizes the Authority and Division to operationalize the intent of the revisions to telehealth services.”
- <https://www.oregon.gov/oha/HSD/OHP/Policies/130-0610-031620.pdf>

Arizona:

- AHCCCS TELEHEALTH AND TELEPHONIC SERVICES AND OTHER FAQs In addition to the above billing information, AHCCCS has provided direction to MCOs to reimburse providers for telehealth services and telephonic services. A temporary telephonic code set has been developed by AHCCCS to allow for many services to be delivered telephonically. This can be obtained by viewing FAQ #8. This, among many other important updates, can be found at this AHCCCS FAQ link: <https://azahcccs.gov/AHCCCS/AboutUs/covid19.html>. It is recommended that providers review the FAQs daily as AHCCCS is regularly updating the information that is important for all of us to be aware of.

Some leniency in HIPAA regulations per the Office of Civil Rights.

- “The Office of Civil Rights (OCR) will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is **effective immediately.**”

4. When Working in the Office

Staff may still use the office for a workspace, particularly if they need to use desk top computers for documentation.

- You will not allow non-essential vendors or visitors in the space.
- Contacts with clients should be done by phone or face time where possible. Clients may be seen in the field (see below).
- Clients who present at the office should be screened and served at appropriate social distancing. We are not running active Drop-in Centers or groups. We are only providing essential services to clients who come to the office.

Be creative:

- Utilize social distancing between staff – 6 feet.
- If you have a thermometer, take staff temperatures
- Consider flexible hours in the office (for example, 3 staff come in from 9-12, 10 people come in from 12-2, staff who have childcare in the day can work in the evening hours)
- Staff should sanitize their workspace before and after they start work in the office

5. When Transporting Clients

Clients will only be transported to essential services (labs, transporting from jails, SNFs other environments).

- Consult with Prescriber regarding postponement of labs or other critical medical services if client presents with symptoms.
- Screen client for COVID19 - if screen positive, help the client contact their PCP or health plan.
- Use Uber or Taxi only when clients are not symptomatic
- Use program vans, where possible, to maintain appropriate social distance

6. When Working Remotely

Program Administrators should clear with VPs to allow staff to work remotely.

- Staff must have the capacity to document services into Avatar from home.
- Staff must still sign in and out in Kronos.
- Staff should not rely on paper PHI. Client contacts should be documented through Avatar or SharePoint.
- Staff should use phone and face time to contact members whenever possible. For clients who require in-person services, follow the guidelines below.

7. Community Service Delivery Plans

For individuals in congregate settings:

- Provide services over the phone when possible
- When medications must be dropped off, program staff will call the housing provider or client (who lives independently) and let them know that you will leave the medication on the doorstep. Move away from the door and call to inform them you have delivered the medication at the door. Wait until the meds are picked up
- If a client must be seen in person, ask to meet them outside and maintain 6 feet (social distancing).
- When meeting with clients (by phone, telepsychiatry, or in person using social distancing) program staff will remind clients how to perform proper hand hygiene, ask screening questions, remind them to use social distancing and to remain home for the time being.
- Program staff serving individuals in a congregate setting who become aware that the facility is experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among residents or facility staff, inform the provider (by phone or from outside – using social distancing – 6 feet) that they should immediately contact their local health department for further guidance.

For individuals who are unsheltered:

- While conducting outreach to homeless encampments, staff maintain environmental awareness and take preventative measures such as wearing gloves, have available disposable face masks (for sick individuals), have supply of alcohol-based hand sanitizer and maintain 6ft social distancing, if possible.
- Program staff distribute supplies including water for drinking and washing, hand sanitizer (if available), tissues, trash bags for disposal of contaminated items, food items, disposable face mask (if available), and information about how to limit infection and where to seek medical care.
- Program staff have knowledge encampment resources such as mobile handwashing stations, local shelters and other housing resources available if clients wish to move indoors.
- Staff understand not to refer individuals to emergency rooms or physician offices unless the individual is experiencing shortness of breath, fever over 100.4, and coughing. Make sure to notify the healthcare facility and transport personnel in advance.

For individuals in emergency shelters:

- Program staff will make themselves familiar with information from shelter operator about protocols, procedures and available resources in place addressing overall infection control. Make sure this information is shared with your client as well.
- Program staff will advocate for individuals in need of more physical space or private space if symptomatic and at high risk. Be prepared to partner and link client to additional health department resources as needed.
- Program staff will attempt to help problem solve hygiene considerations: availability of laundry facilities, showers, hand washing stations, access alcohol-based hand sanitizer, opportunities to create more physical distance in sleeping environment.
- Program staff will determine alternative methods to contact individuals and limit amount of time spent in shelter environment or meet individuals outside of shelter environments and practice social distancing.

Nurses will still give injections

- Whenever possible meet the client outside. If there is a tree, the side of a building, or other obstruction, you may choose to use it to offer privacy if safe.
- Make use of gloves or masks wherever available
- Reuse masks unless they are soiled.
- If masks are unavailable, try to get creative – use bandanas or other means of covering.
- If you wear glasses, wear them to give injections. They offer protection.